Case 17-36563 Doc 1 Filed 12/09/17 Entered 12/09/17 09:47:21 Desc Main Document Page 1 of 51

| Fill in this information to identify your case: | | |
|-------------------------------------------------|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | _ | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1: | Identify Yourself | | |
|-----|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------|
| | | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | You | r full name | | |
| | Write the name that is on | | Rosa | |
| | your government-issued picture identification (for example, your driver's license or passport). | First name | First name | |
| | | Middle name | Middle name | |
| | | g your picture | Chavez | |
| | | tification to your eting with the trustee. | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| | | | | |
| 2. | | other names you have d in the last 8 years | | |
| | | ude your married or den names. | | |
| 3. | you nun Indi | y the last 4 digits of r Social Security nber or federal vidual Taxpayer ntification number | xxx-xx-0046 | |

Case 17-36563 Doc 1 Filed 12/09/17 Entered 12/09/17 09:47:21 Desc Main Document Page 2 of 51

Case number (if known)

Debtor 1 Rosa Chavez

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | |
|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and | | ■ I have not used any business name or EINs. Business name(s) | ☐ I have not used any business name or EINs. Business name(s) | | |
| | doing business as names | Dusiness name(s) | Business name(s) | | |
| | | EINs | EINs | | |
| 5. | Where you live | | If Debtor 2 lives at a different address: | | |
| | | 5524 W. Waveland Chicago, IL 60641 | | | |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | |
| County | | Cook County | County | | |
| If yo abov | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | |
| 6. | Why you are choosing this district to file for | Check one: | Check one: | | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | |
| | | | | | |

Case 17-36563 Doc 1 Filed 12/09/17 Entered 12/09/17 09:47:21 Desc Main Document Page 3 of 51

Case number (if known) Debtor 1 Rosa Chavez

| ar | t 2: Tell the Court About | our E | 3ankruptcy Ca | se | | | | | |
|------------|-------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------|-------------------------------------|-----------------------------------|-----------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 7. | The chapter of the Bankruptcy Code you are | | ck one. (For a b m 2010)). Also, | | | | | 342(b) for Individuals F | Filing for Bankruptcy |
| | choosing to file under | | Chapter 7 | | | | | | |
| | | | Chapter 11 | | | | | | |
| | | | Chapter 12 | | | | | | |
| | | | Chapter 13 | | | | | | |
| | | | | | | | | | |
| 3. | How you will pay the fee | | about how yo | u may pay. Ty attorney is sul | pically, if you | are paying the | fee yourself, you r | may pay with cash, cas | al court for more details shier's check, or money redit card or check with |
| | | | | | stallments. If the | | s option, sign and | attach the Application | for Individuals to Pay |
| | | | but is not requapplies to you | uired to, waive ur family size a | e your fee, and and you are un | may do so only able to pay the | y if your income is fee in installment | are filing for Chapter 7 s less than 150% of the s). If you choose this o 3B) and file it with your | official poverty line that option, you must fill out |
|) . | Have you filed for bankruptcy within the | ■ No. | | | | | | | |
| | last 8 years? | ☐ Y | es. | | | | | | |
| | | | District | | | | | | |
| | | | District | | | When | | Case number | |
| | | | District | - | | When | | Case number | |
| 10. | Are any bankruptcy | ■ N | 0 | | | | | | |
| | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an | □ Y | es. | | | | | | |
| | affiliate? | | 5 | | | | | 5 | |
| | | | Debtor | - | | When | | Relationship to you | |
| | | | District Debtor | | | when | | Case number, if know Relationship to you | //II |
| | | | District | | | When | | Case number, if know | |
| | | | 2.001 | | | | | _ | ··· - |
| 11. | Do you rent your residence? | ■ N | o. Go to li | ine 12. | | | | | |
| | | □ Y | es. Has yo | ur landlord ob | tained an evic | tion judgment a | against you? | | |
| | | | | No. Go to line | e 12. | | | | |
| | | | | Yes. Fill out I bankruptcy p | | nt About an Evi | ction Judgment A | <i>gainst You</i> (Form 101A | a) and file it with this |
| | | | | | | | | | |

Document Page 4 of 51 Case number (if known) Debtor 1 Rosa Chavez Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is

property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Document Debtor 1 **Rosa Chavez**

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

Case number (if known)

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|------------------------------------------------------|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 17-36563 Doc 1 Filed 12/09/17 Entered 12/09/17 09:47:21 Desc Main Document Page 6 of 51

| Deb | tor 1 Rosa Chavez | | Document | Case num | ber (if known) | | |
|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------|------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|--|
| Part | 6: Answer These Quest | ions for Rep | porting Purposes | | | | |
| | What kind of debts do you have? | 16a. <i>I</i> | Are your debts primarily cons | umer debts? Consumer debts are d | efined in 11 U.S.C. § 101(8) as "incurred by an | | |
| | | [| ☐ No. Go to line 16b. | | | | |
| | | ı | Yes. Go to line 17. | | | | |
| | | | | ness debts? Business debts are debtent or through the operation of the b | | | |
| | | [| ☐ No. Go to line 16c. | | | | |
| | | [| ☐ Yes. Go to line 17. | | | | |
| | | 16c. S | State the type of debts you owe | that are not consumer debts or busir | ness debts | | |
| 17. | Are you filing under Chapter 7? | □ No. I | am not filing under Chapter 7. (| Go to line 18. | | | |
| | Do you estimate that after any exempt property is excluded and | | | rou estimate that after any exempt pr ble to distribute to unsecured credito | operty is excluded and administrative expenses rs? | | |
| administrative expenses are paid that funds will be available for distribution to unsecured creditors? | | I | No | | | | |
| | | I | ☐ Yes | | | | |
| 18. | How many Creditors do you estimate that you owe? | ■ 1-49 □ 50-99 | | ☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000 | ☐ 25,001-50,000 ☐ 50,001-100,000 | | |
| | | ☐ 100-199 ☐ 200-999 | | □ 10,001-25,000 | ☐ More than100,000 | | |
| 19. | How much do you ■ \$0 - \$50,000 | | 0,000 | ☐ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion | | |
| | estimate your assets to be worth? | □ \$50,001 | - \$100,000 | □ \$10,000,001 - \$50 million | □ \$1,000,000,001 - \$10 billion | | |
| | | | 01 - \$500,000 01 - \$1 million | □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion | | |
| 20 | Hannanda da man | | · | | | | |
| 20. | How much do you estimate your liabilities | \$0 - \$50 | | ☐ \$1,000,001 - \$10 million ☐ \$10,000,001 - \$50 million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion | | |
| | to be? | | 1 - \$100,000 01 - \$500,000 | □ \$50,000,001 - \$100 million | □ \$10,000,000,001 - \$50 billion | | |
| | | | 01 - \$1 million | □ \$100,000,001 - \$500 million | ☐ More than \$50 billion | | |
| Part | 7: Sign Below | | | | | | |
| For | you | I have exar | mined this petition, and I declare | e under penalty of perjury that the infe | ormation provided is true and correct. | | |
| | | | | | le, under Chapter 7, 11,12, or 13 of title 11, choose to proceed under Chapter 7. | | |
| | | document, | I have obtained and read the no | otice required by 11 U.S.C. § 342(b). | not an attorney to help me fill out this | | |
| | | I request re | elief in accordance with the chap | oter of title 11, United States Code, s | pecified in this petition. | | |
| | | | | | | | |
| | | Rosa Cha Signature o | avez | Signature of Deb | otor 2 | | |
| | | Executed of | December 9, 2017 MM / DD / YYYY | Executed on | MM / DD / YYYY | | |
| | | | | | | | |

Case 17-36563 Doc 1 Filed 12/09/17 Entered 12/09/17 09:47:21 Desc Main Document Page 7 of 51

Debtor 1 Rosa Chavez Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Albert E. Xiques | Date | December 9, 2017 |
|----------------------------------------|---------------|------------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| Albert E. Xiques | | |
| Printed name | | |
| ALBERT E. XIQUES, P.C. | | |
| Firm name | | |
| 5045 North Harlem Avenue | | |
| Chicago, IL 60656 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone | Email address | |
| Bar number & State | | |

Page 8 of 51 Document Fill in this information to identify your case: Debtor 1 **Rosa Chavez** First Name Middle Name Last Name Debtor 2 First Name Middle Name Last Name (Spouse if, filing) NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known)

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Pai | t 1: Summarize Your Assets | | |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------|
| | | Your as Value of | sets what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 6,005.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 6,005.00 |
| Pai | t 2: Summarize Your Liabilities | | |
| | | Your lia Amount | bilities you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 0.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 9,821.00 |
| | Your total liabilities | \$ | 9,821.00 |
| Pai | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 1,428.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 1,590.00 |
| Pai | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filling for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other sch | edules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | a personal, | family, or |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

page 1 of 2

the court with your other schedules.

Entered 12/09/17 09:47:21 Desc Main Case 17-36563 Doc 1 Filed 12/09/17 Document

Page 9 of 51
Case number (if known) Debtor 1 Rosa Chavez

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--------------------------------------------------------------------------------------------------------------|
| | 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. |

1,428.00 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim | |
|------------------------------------------------------------------------------------------------------------------------------|-------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| Fill in this inf | ormation to identify your | case and this filing: | meni Pade 10 0151 | | |
|-------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------|
| Debtor 1 | Rosa Chavez | | | | |
| D. I. C. | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States | Bankruptcy Court for the: | NORTHERN DISTR | CT OF ILLINOIS | | |
| Case number | | | | | ☐ Check if this is an |
| | | | | | ☐ Check if this is an amended filing |
| | | | | | |
| Official F | Form 106A/B | | | | |
| Schedi | ule A/B: Prop | erty | | | 12/15 |
| hink it fits best | . Be as complete and accura | ate as possible. If two m | nly once. If an asset fits in more than arried people are filing together, both s form. On the top of any additional pa | are equally responsible for su | pplying correct |
| Part 1: Descr | ibe Each Residence, Building | g, Land, or Other Real E | state You Own or Have an Interest In | | |
| . Do you own | or have any legal or equitabl | e interest in any resider | nce, building, land, or similar property | ? | |
| ■ No. Go to | Part 2. | | | | |
| ☐ Yes. Whe | ere is the property? | | | | |
| Part 2: Descr | ibe Your Vehicles | | | | |
| | | | | | |
| | | | vehicles, whether they are regist hedule G: Executory Contracts and | | ehicles you own that |
| | • | | · | опохрятой дойосо. | |
| 3. Cars, vans | , trucks, tractors, sport u | tility vehicles, motoro | cycles | | |
| □ No | | | | | |
| Yes | | | | | |
| 2.4 Make | Ford | Who has an | interest in the preparty? | Do not deduct secured cl | aims or exemptions. Put |
| 3.1 Make: | Escape | | interest in the property? Check one | the amount of any secure | ed claims on Schedule D: |
| Model: | <u> </u> | Debtor 1 o | • | Creditors Who Have Clai | ms Secured by Property. |
| Year: | 2008 | Debtor 2 o | | Current value of the | Current value of the |
| | | · | and Debtor 2 only | entire property? | portion you own? |
| Other in | formation: | At least or | ne of the debtors and another | | |
| | | | his is community property | \$4,600.00 | \$4,600.00 |
| | | (see instru | ctions) | | |
| Examples: E No Yes Add the despages you | Soats, trailers, motors, persollar value of the portion to have attached for Part 2 | onal watercraft, fishing you own for all of yo . Write that number h | ational vehicles, other vehicles, ar y vessels, snowmobiles, motorcycle ur entries from Part 2, including a ere | ny entries for | \$4,600.00 |
| | or have any legal or equit | | f the following items? | | Current value of the |
| | | | | İ | Do not deduct secured |
| Household | goods and furnishings | | | | claims or exemptions. |

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

Official Form 106A/B Schedule A/B: Property

| Debtor 1 | Case 17-36563 Doc 1 Filed 12/09/17 Entered 12/09/17 09:47:2 Document Page 11 of 51 Case number (if kin | |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| _ | Describe | |
| | One living room set and one dining room set | \$400.00 |
| □ No | nics les: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; mu including cell phones, cameras, media players, games Describe One laptop computer and one TV set | usic collections; electronic devices |
| Examp ■ No | ibles of value les: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, other collections, memorabilia, collectibles Describe | coin, or baseball card collections; |
| Examp ■ No | nent for sports and hobbies les: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; car musical instruments Describe | noes and kayaks; carpentry tools; |
| ■ No | ms ples: Pistols, rifles, shotguns, ammunition, and related equipment Describe | |
| □ No | es ples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Describe | |
| | Miscellaneous articles of clothing and personal effects | \$250.00 |
| ■ No | ry ples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, ge Describe | ms, gold, silver |
| Exam ■ No | arm animals ples: Dogs, cats, birds, horses Describe | |
| ■ No | ther personal and household items you did not already list, including any health aids you did not li . Give specific information | st |
| | the dollar value of all of your entries from Part 3, including any entries for pages you have attached art 3. Write that number here | s1,125.00 |
| | escribe Your Financial Assets wn or have any legal or equitable interest in any of the following? | Current value of the |
| 20 you 0 | o. nate any logar or equitable interest in any or the following: | martian value of the |

Current value of the portion you own?
Do not deduct secured claims or exemptions.

Page 12 of 51
Case number (if known) Document Debtor 1 Rosa Chavez 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ■ Yes..... \$50.00 Cash 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... Oner checking account located at US Bank, Chicago, II acc. no. 8076 \$230.00 17.1. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ Yes. List each account separately. Institution name: Type of account: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them...

Case 17-36563

Doc 1

Filed 12/09/17

Entered 12/09/17 09:47:21

Desc Main

| | | Case 17-36563 | Doc 1 | Filed 12/09/17 Document | Entered 12/09/17 09:47:21 Page 13 of 51 | Desc Main | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------|----------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------|--|--|
| De | ebtor 1 | Rosa Chavez | | Document | Case number (if known) | | | |
| 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ■ No □ Yes. Give specific information about them | | | | | | | | |
| N/L | anov or n | eroporty awad to you? | | | | Current value of the | | |
| IVI | oney or p | property owed to you? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. | | |
| | ■ No | unds owed to you | oout them, inc | cluding whether you alre | ady filed the returns and the tax years | | | |
| | 9. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ■ No □ Yes. Give specific information | | | | | | | |
| | 80. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No □ Yes. Give specific information | | | | | | | |
| | Examp ■ No | Name the insurance compa | | | HSA); credit, homeowner's, or renter's insurar Beneficiary: | Surrender or refund | | |
| | value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No Yes. Give specific information | | | | | | | |
| | Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim | | | | | | | |
| | 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No □ Yes. Describe each claim | | | | | | | |
| | 35. Any financial assets you did not already list ■ No □ Yes. Give specific information | | | | | | | |
| | . Add th | ne dollar value of all of yo | | | ny entries for pages you have attached | \$280.00 | | |
| Pa | Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. | | | | | | | |
| 37. | Do you o | wn or have any legal or equi | | | • | | | |
| _ | No. Go | | | | | | | |
| I | → Yes. Gelean Gele | o to line 38. | | | | | | |

Case 17-36563 Filed 12/09/17 Entered 12/09/17 09:47:21 Desc Main Page 14 of 51
Case number (if known) Document Debtor 1 **Rosa Chavez** Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 \$4,600.00 57. Part 3: Total personal and household items, line 15 \$1,125.00 Part 4: Total financial assets, line 36 \$280.00 Part 5: Total business-related property, line 45 \$0.00

\$0.00

\$0.00

Copy personal property total

\$6,005.00

63. Total of all property on Schedule A/B. Add line 55 + line 62

Part 6: Total farm- and fishing-related property, line 52

Part 7: Total other property not listed, line 54

62. Total personal property. Add lines 56 through 61...

Doc 1

\$6,005.00

\$6,005.00

Official Form 106A/B Schedule A/B: Property page 5

| | | 1700.000 | III FAUE IJ UI J | | | |
|-------------------------------------------------|--------------------------|-------------------|------------------|--|--|--|
| Fill in this information to identify your case: | | | | | | |
| Debtor 1 | Rosa Chavez | | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | | |
| Case number | | | | | | |
| (if known) | | | | | | |
| | | | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Current value of the portion you own | Amount of the exemption you claim | | Specific laws that allow exemption |
|--------------------------------------|-----------------------------------|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| \$4,600.00 | | \$2,400.00 | 735 ILCS 5/12-1001(c) |
| | | 100% of fair market value, up to any applicable statutory limit | |
| \$400.00 | | \$400.00 | 735 ILCS 5/12-1001(b) |
| | | 100% of fair market value, up to any applicable statutory limit | |
| \$475.00 | | \$475.00 | 735 ILCS 5/12-1001(b) |
| | | 100% of fair market value, up to any applicable statutory limit | |
| \$250.00 | | \$250.00 | 735 ILCS 5/12-1001(a) |
| | | 100% of fair market value, up to any applicable statutory limit | |
| \$50.00 | | \$50.00 | 735 ILCS 5/12-1001(b) |
| | | 100% of fair market value, up to any applicable statutory limit | |
| | \$4,600.00 \$475.00 \$250.00 | \$400.00 | Schedule A/B \$4,600.00 \$2,400.00 \$2,400.00 \$100% of fair market value, up to any applicable statutory limit \$475.00 \$250.00 \$250.00 \$100% of fair market value, up to any applicable statutory limit \$250.00 \$250.00 \$250.00 \$250.00 \$250.00 \$30% of fair market value, up to any applicable statutory limit |

Entered 12/09/17 09:47:21 Filed 12/09/17 Document Page 16 of 51 Rosa Chavez Case number (if known) Debtor 1 Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Oner checking account located at US 735 ILCS 5/12-1001(b) \$230.00 \$230.00 Bank, Chicago, II acc. no. 8076 100% of fair market value, up to Line from Schedule A/B: 17.1 any applicable statutory limit **Balance of Equity in one Ford** 735 ILCS 5/12-1001(b) \$2,200.00 \$2,200.00 Escape 2008 vehicle Line from Schedule A/B: 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

Doc 1

Case 17-36563

- Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 - No
 - Yes

Desc Main

| | | 17(7,1111) | | | | |
|-------------------------------------------------|--------------------------|-------------------|-------------|--|--|--|
| Fill in this information to identify your case: | | | | | | |
| Debtor 1 | Rosa Chavez | | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | | |
| Case number | | | | | | |
| , | | | | | | |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

| | | | Doo | cument | Page 1 | 8 of 51 | | |
|---------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------|----------------------------------|-------------------------------------------------------|-----------------------------------------------|----------------------------------------------|
| Fill in | this inform | nation to identify your | case: | | | | | |
| Debtor | · 1 | Rosa Chavez | | | | | | |
| | | First Name | Middle Name | | Last Name | | _ | |
| Debtor | | | | | | | _ | |
| (Spouse | it, tiling) | First Name | Middle Name | | Last Name | | | |
| United | States Bar | nkruptcy Court for the: | NORTHERN DIS | TRICT OF I | LLINOIS | | _ | |
| Case r | number | | | | | | | |
| (if known | | | | | | | ПС | heck if this is an |
| | | | | | | | a | mended filing |
| O.// | | 4005/5 | | | | | | |
| | | 106E/F | | | | | | |
| Sche | edule E | /F: Creditors W | ho Have Un | secure | d Claims | | | 12/15 |
| Schedul Schedul left. Atta name ar | le G: Execut le D: Credito nch the Cont nd case num | racts or unexpired leases tory Contracts and Unexpors Who Have Claims Sectionation Page to this pagner (if known). | ired Leases (Official ured by Property. If e. If you have no inf | Form 106G). more space i | Do not include s needed, copy | any creditors with part the Part you need, fill it | tially secured claims t out, number the en | that are listed in tries in the boxes on the |
| Part 1 | | l of Your PRIORITY Un | | | | | | |
| _ | • | rs have priority unsecure | d claims against you | 1? | | | | |
| | No. Go to Pa | art 2. | | | | | | |
| | Yes. | | | | | | | |
| Part 2 | List Al | l of Your NONPRIORIT | Y Unsecured Clai | ms | | | | |
| 3. Do | any credito | rs have nonpriority unsec | ured claims against | you? | | | | |
| | No. You hav | re nothing to report in this p | art. Submit this form t | o the court wit | h your other sche | edules. | | |
| | Yes. | | | | | | | |
| uns | secured clain | nonpriority unsecured class, list the creditor separately | / for each claim. For e | each claim liste | ed, identify what t | type of claim it is. Do not | list claims already inc | luded in Part 1. If more |
| | n one credito t 2. | or holds a particular claim, li | st the other creditors | in Part 3.If you | u have more than | three nonpriority unsecu | ured claims fill out the | Continuation Page of |
| | | | | | | | | Total claim |
| 4.1 | Cap1/vlo | ctv | Last | 4 digits of a | count number | 1103 | | \$0.00 |
| | | Creditor's Name | | g | | | | 40.00 |
| | • | One Retail Srvs/Attn | | | | Opened 02/03 Last Active | | |
| | Bankrup Po Box | • | Whe | n was the de | bt incurred? | 5/12/07 | | - |
| | | e City, UT 84130 | | | | | | |
| | | reet City State Zlp Code | As o | f the date yo | u file, the claim i | is: Check all that apply | | |
| | Who incur | red the debt? Check one. | | | | | | |
| | ■ Debtor 1 only □ Contingent | | | | | | | |
| | ☐ Debtor 2 only ☐ Unliquidated | | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ Disputed | | | | | | | |
| | ☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim: | | | | | | | |
| | | if this claim is for a comr | nunity | Student loans | | | | |
| | debt | m subject to offset? | | | | aration agreement or divo | orce that you did not | |
| | _ | n aubject to onset? | | rt as priority cl | | ng plans, and other simila | ar dobte | |
| | ■ No | | | • | • | • | ai uebis | |
| | ☐ Yes | | | Other. Specify | Charge Acc | count | | |

Case 17-36563 Doc 1 Filed 12/09/17 Entered 12/09/17 09:47:21 Desc Main Document Page 19 of 51

Case number (if know) Debtor 1 Rosa Chavez 4.2 Capital One / Carson \$0.00 Last 4 digits of account number 5297 Nonpriority Creditor's Name Attn: General Opened 1/28/08 Last Active Correspondence/Bankruptcy When was the debt incurred? 3/03/12 Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes 4.3 **CCI/Contract Callers Inc** \$321.00 Last 4 digits of account number 4454 Nonpriority Creditor's Name Po Box 3000 When was the debt incurred? **Opened 10/13** Augusta, GA 30903 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Collection Attorney Commonwealth Edison** 4.4 **Chase Card Services** Last 4 digits of account number 2803 \$0.00 Nonpriority Creditor's Name **Correspondence Dept** Opened 08/01 Last Active Po Box 15278 When was the debt incurred? 3/05/12 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes

Case 17-36563 Doc 1 Filed 12/09/17 Entered 12/09/17 09:47:21 Desc Main Document Page 20 of 51

Debtor 1 Rosa Chavez Case number (if know) 4.5 \$0.00 Comenity Bank/Express Last 4 digits of account number 9267 Nonpriority Creditor's Name Attn: Bankruptcy Opened 08/07 Last Active Po Box 182125 When was the debt incurred? 2/09/09 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes 4.6 Comenitybank/New York Last 4 digits of account number 9656 \$0.00 Nonpriority Creditor's Name AttN: Bankruptcv Opened 01/03 Last Active Po Box 182125 When was the debt incurred? 2/09/09 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Charge Account** Other. Specify 4.7 **Ford Motor Credit** 5999 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name **National Bankruptcy Service Center** Opened 06/07 Last Active Po Box 62180 When was the debt incurred? 6/28/12 Colorado Springs, CO 80962 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No Other. Specify Automobile ☐ Yes

Case 17-36563 Doc 1 Filed 12/09/17 Entered 12/09/17 09:47:21 Desc Main Document Page 21_of 51

Case number (if know) Debtor 1 Rosa Chavez 4.8 \$1,023.00 Kohls/Capital One Last 4 digits of account number 9578 Nonpriority Creditor's Name **Kohls Credit** Opened 07/04 Last Active Po Box 3043 When was the debt incurred? 3/03/12 Milwaukee, WI 53201 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes 4.9 Midland Funding Last 4 digits of account number 8549 \$2,730.00 Nonpriority Creditor's Name Attn: Bankruptcv When was the debt incurred? **Opened 12/13** Po Box 939069 San Diego, CA 92193 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No **Factoring Company Account Capital One** ☐ Yes Other. Specify Bank Usa N.A. 4.1 Midland Funding 8235 \$2.619.00 Last 4 digits of account number 0 Nonpriority Creditor's Name Attn: Bankruptcy When was the debt incurred? **Opened 03/16** Po Box 939069 San Diego, CA 92193 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Factoring Company Account Citibank N.A. ☐ Yes

Case 17-36563 Doc 1 Filed 12/09/17 Entered 12/09/17 09:47:21 Desc Main Document Page 22 of 51

Case number (if know)

| Debto | Rosa Chavez | | Case number (if know) | | | |
|-------|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------|--|--|
| 4.1 | Midland Funding | Last 4 digits of account number | 9795 | \$2,015.00 | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 939069 | When was the debt incurred? | Opened 08/13 | ΨΞ,σ.10.00 | | |
| | San Diego, CA 92193 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharin | og plans, and other similar debts | | | |
| | ■ NO | | Company Account Ge Capital | | | |
| | Yes | Other. Specify Retail Bank | | | | |
| 4.1 | Midland Funding | Last 4 digits of account number | 9294 | Unknown | | |
| | Nonpriority Creditor's Name c/o Tony Miller Kevin Mortell 1821 Walden Office Square Ste 400 | When was the debt incurred? | Over the last few years | | | |
| | Schaumburg, IL 60173 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans☐ Obligations arising out of a sepa | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | |
| | No | Debts to pension or profit-sharing | | | | |
| | Yes | Other. Specify Miscellane | | | | |
| 4.1 | Peoples Gas Nonpriority Creditor's Name | Last 4 digits of account number | 5066 | \$0.00 | | |
| | Attn: Bankruptcy 200 E Randolph Chicago, IL 60601 | When was the debt incurred? | Opened 6/28/00 Last Active 1/04/12 | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | □Yes | Other, Specify Agriculture | | | | |

Case 17-36563 Doc 1 Filed 12/09/17 Entered 12/09/17 09:47:21 Desc Main Document Page 23 of 51

Case number (if know) Debtor 1 Rosa Chavez 4.1 **Portfolio Recovery** 1600 \$668.00 Last 4 digits of account number Nonpriority Creditor's Name Po Box 41067 When was the debt incurred? **Opened 03/14** Norfolk, VA 23541 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts **Factoring Company Account World** ☐ Yes Other. Specify **Financial Network Bank** 4.1 \$445.00 Portfolio Recovery 6404 Last 4 digits of account number Nonpriority Creditor's Name Po Box 41067 Opened 7/25/13 When was the debt incurred? Norfolk, VA 23541 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **08 Target National Bank** Other. Specify Synchrony Bank / HH Gregg 2546 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 12/02 Last Active Attn: Bankruptcy Po Box 965060 When was the debt incurred? 11/16/03 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes

Case 17-36563 Doc 1 Filed 12/09/17 Entered 12/09/17 09:47:21 Desc Main Document Page 24 of 51

| Synchrony Bank/ Old Navy | Last 4 digits of account number | 1082 | | | | |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------|--|--|--|--|
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896 | When was the debt incurred? | Opened 8/16/02 Last Active 2/24/12 | | | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | | |
| Debtor 1 only | ☐ Contingent | | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | | |
| ☐ Debtor 1 and Debtor 2 only | Disputed | | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| debt s the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| ☐ Yes | Other. Specify Charge Acc | count | | | | |
| Synchrony Bank/Sams | Last 4 digits of account number | 1695 | | | | |
| Nonpriority Creditor's Name Attn: Bankruptcy | | Opened 8/17/01 Last Active | | | | |
| Po Box 965060 | When was the debt incurred? | 1/11/06 | | | | |
| Orlando, FL 32896 Number Street City State Zlp Code | As of the date you file, the claim i | s. Check all that apply | | | | |
| Who incurred the debt? Check one. | As of the date you me, the claim | э. Опеск ан так арргу | | | | |
| Debtor 1 only | ☐ Contingent | | | | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| debt s the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | | |
| No | lacktriangle Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| ☐Yes | Other. Specify Charge Acc | count | | | | |
| Synchrony Bank/Sams | Last 4 digits of account number | 5331 | | | | |
| Nonpriority Creditor's Name Attn: Bankruptcy | | Opened 8/17/01 Last Active | | | | |
| Po Box 965060 | When was the debt incurred? | 2/24/12 | | | | |
| Orlando, FL 32896 | | | | | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Cneck all that apply | | | | |
| Debtor 1 only | ☐ Contingent | | | | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | ☐ Unliquidated ☐ Disputed | | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| debt | Obligations arising out of a sepa | ration agreement or divorce that you did not | | | | |
| s the claim subject to offset? | report as priority claims | | | | | |

Case 17-36563 Doc 1 Filed 12/09/17 Entered 12/09/17 09:47:21 Desc Main Document Page 25 of 51

Case number (if know)

| Debio | NOSA CHAVEZ | | Case number (ii know) | | | | | | |
|----------|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--|--|--|--|--|
| 4.2 0 | Synchrony Bank/Walmart | Last 4 digits of account number | 8128 | \$0.00 | | | | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896 | When was the debt incurred? | Opened 07/01 Last Active 10/18/05 | | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | As of the date you file, the claim is: Check all that apply | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | | | |
| | ■ No | Debts to pension or profit-sharing | | | | | | | |
| | Yes | Other. Specify Charge Acc | | | | | | | |
| 4.2 | Target | Last 4 digits of account number | 1972 | \$0.00 | | | | | |
| | Nonpriority Creditor's Name C/O Financial & Retail Srvs Mailstopn BT POB 9475 | When was the debt incurred? | Opened 08/00 Last Active 8/05/02 | | | | | | |
| | Minneapolis, MN 55440 Number Street City State Zlp Code | As of the date you file, the claim | | | | | | | |
| | Who incurred the debt? Check one. | As of the date you me, the olding | S. Oneck all that apply | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | | |
| | Debtor 2 only | | ☐ Unliquidated | | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | | | |
| | ☐ Check if this claim is for a community | | | | | | | | |
| | debt Is the claim subject to offset? | | | | | | | | |
| | ■ No | Debts to pension or profit-sharing | | | | | | | |
| | Yes | Other. Specify Charge Acc | | | | | | | |
| 4.2 | Tnb-Visa (TV) / Target | Last 4 digits of account number | 6404 | \$0.00 | | | | | |
| | Nonpriority Creditor's Name C/O Financial & Retail Services Mailstop BV PO Box 9475 Minneapolis MN 55440 | When was the debt incurred? | Opened 8/12/00 Last Active 7/14/11 | | | | | | |
| | Minneapolis, MN 55440 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | | | | | |
| | Who incurred the debt? Check one. | | | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | | |
| | debt | Obligations arising out of a separation agreement or divorce that you did not | | | | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | | | | |
| | ■ No | · | Debts to pension or profit-sharing plans, and other similar debts | | | | | | |
| | ☐ Yes | Other. Specify Credit Card | | | | | | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be

Debtor 1 Rosa Chavez

Part 4: Add the Amounts for Each Type of Unsecured Claim

notified for any debts in Parts 1 or 2, do not fill out or submit this page.

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|--------------|-----|---------------------------------------------------------------------------------------------------------|-----|----------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | | | | Total Claim |
| Total | 6f. | Student loans | 6f. | \$ 0.00 |
| claims | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 9,821.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 9,821.00 |

| | | DOCUME | <u> </u> | | | | |
|-------------------------------------------------|-------------|-------------------|-------------|----------------------|--|--|--|
| Fill in this information to identify your case: | | | | | | | |
| Debtor 1 | Rosa Chavez | | | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | | | | |
| Case number | | | | ☐ Check if this is a | | | |
| (| | | | amended filing | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | n whom you have the er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|----------------------------------------------------------|-------------------|-----------------------------------------|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.3 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.4 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| | • | | | | |

| | | Docume | ent Page 28 d | ot 51 | |
|--------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------------------|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Fill in this | information to identify your | case: | | | |
| | | | | | |
| Debtor 1 | Rosa Chavez First Name | Middle Name | Last Name | | |
| Debtor 2 | r not realite | made Hame | Zaot Hamo | | |
| (Spouse if, fili | ing) First Name | Middle Name | Last Name | | |
| | | NODTHERN BIOTRICT | 05 11 1 15 10 10 | | |
| United Sta | ates Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case num | her | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| | | | | | |
| Officia | l Form 106H | | | | |
| | lule H: Your Cod | lobtors | | | 40/45 |
| Sched | dule H. Your Cod | eptors | | | 12/15 |
| | | | | | |
| | e and case number (if known you have any codebtors? (If | , , | | a as a codebtor | |
| 1. 50 | you have any codebiors: (II | you are ming a joint case, | do not list ettiler spouse | e as a codebior. | |
| ■ No | | | | | |
| ☐ Yes | S | | | | |
| Arizor | thin the last 8 years, have you na, California, Idaho, Louisiana Go to line 3. Did your spouse, former spo | , Nevada, New Mexico, Pu | erto Rico, Texas, Wash | | ty states and territories include) |
| in line Form out C | e 2 again as a codebtor only | if that person is a guaran I Form 106E/F), or Sched | tor or cosigner. Make | sure you have listed to 06G). Use Schedule D | ng with you. List the person shown the creditor on Schedule D (Official Schedule E/F, or Schedule G to fill editor to whom you owe the debt es that apply: |
| | | | | | , |
| 3.1 | | | | Schedule D, lir | ne |
| | Name | | | ☐ Schedule E/F, | line |
| | | | | ☐ Schedule G, lir | ne |
| - | Number Street | | | | |
| | City | State | ZIP Code | | |
| | , | | | | |
| | | | | Под 11 5 % | |
| 3.2 | Name | | | Schedule D, lir | |
| | INGING | | | ☐ Schedule E/F, | |
| | | | | ☐ Schedule G, lir | ne |
| - | Number Street | | | _ | |
| | City | State | ZIP Code | | |

Case 17-36563 Doc 1 Filed 12/09/17 Entered 12/09/17 09:47:21 Desc Main Document Page 29 of 51

| Fill | in this information to identify your ca | ase: | | | | | | | | |
|-------------|-----------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------|-------------|-------|-------------|----------------|------------|-------------------------------------|----------|
| Del | otor 1 Rosa Chave | z | | | _ | | | | | |
| | otor 2 puse, if filing) | | | | _ | | | | | |
| Uni | ted States Bankruptcy Court for the | : NORTHERN DISTRIC | T OF ILLINOIS | | | | | | | |
| | se number nown) | | | | | | ck if this is: | ed filing | ing postpotition | chantar |
| | | | | | | | | | ing postpetition following date: | |
| 0 | fficial Form 106l | | | | | N | MM / DD/ Y | /YYY | | |
| S | chedule I: Your Inc | ome | | | | | | | | 12/1 |
| spo atta | plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment | r spouse is not filing wi | th you, do not inclu | de infori | mati | on abou | t your spo | ouse. If n | nore space is | needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | | Debtor 2 | 2 or non- | filing spouse | |
| | If you have more than one job, attach a separate page with information about additional | Employment status | ☐ Employed | | | | ☐ Employed | | | |
| | | Employment status | ■ Not employed | | | | ☐ Not employed | | | |
| | employers. | Occupation | SSI disability in | come | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | - | | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | | | | | | | |
| | | How long employed the | here? | | | | | | | |
| Par | t 2: Give Details About Mor | nthly Income | | | | | _ | | | |
| | mate monthly income as of the duse unless you are separated. | ate you file this form. If y | you have nothing to re | eport for | any | line, write | e \$0 in the | space. Iı | nclude your no | n-filing |
| - | u or your non-filing spouse have mo e space, attach a separate sheet to | | ombine the information | n for all e | emplo | oyers for | that perso | on on the | lines below. If | you need |
| | | | | | | For Del | btor 1 | | ebtor 2 or iling spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | • | | 2. | \$ | 1 | ,428.00 | \$ | N/A | |
| 3. | Estimate and list monthly overt | ime pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. Add lin | ne 2 + line 3. | | 4. | \$ | 1,4 | 28.00 | \$_ | N/A | |

Case 17-36563 Doc 1 Filed 12/09/17 Entered 12/09/17 09:47:21 Desc Main Document Page 30 of 51

| Debt | or 1 | Rosa Chavez | _ | Cas | e number (if kno | own) | | | |
|------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------|------------------|------|----------------|-------------------------------|----------|
| | | | | | or Debtor 1 | | non | Debtor 2 or -filing spouse | |
| | Cop | by line 4 here | 4. | \$ | 1,428 | .00 | \$ | N/A | _ |
| 5. | List | all payroll deductions: | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | . \$ | 0. | .00 | \$ | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | . \$ | | .00 | \$ | N/A | _ |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0. | .00 | \$ | N/A | _ |
| | 5d. | Required repayments of retirement fund loans | 5d. | | | .00 | \$ | N/A | _ |
| | 5e. | Insurance | 5e. | | | .00 | \$ | N/A | _ |
| | 5f. | Domestic support obligations | 5f. | \$ | | .00 | \$_ | N/A | _ |
| | 5g. 5h. | Union dues Other deductions. Specify: | 5g. 5h. | | | .00 | *_ + \$ | N/A N/A | _ |
| • | | • • • | | ٠. | | | · - | | - |
| 6. | | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. - | \$ | | .00 | \$_ | N/A | _ |
| 7. | Cai | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 1,428 | .00 | \$ | N/A | - |
| 8. | List 8a. | All other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | . \$ | 0 | 00 | \$ | N/A | |
| | 8b. | Interest and dividends | 8b. | ٠. | | .00 | \$ | N/A N/A | _ |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | | | | | * * | | _ |
| | 8d. | Unemployment compensation | 8d. | | | .00 | \$ | N/A N/A | _ |
| | 8e. | Social Security | 8e. | | | .00 | \$_ | N/A | _ |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | \$ | 0. | .00 | \$ | N/A | _ |
| | 8g. | Pension or retirement income | 8g. | | | .00 | \$_ | N/A | _ |
| | 8h. | Other monthly income. Specify: | 8h. | .+ \$ | 0. | .00 | + 5_ | N/A | - |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$_ | 0. | .00 | \$ | N/A | A |
| 10. | Cal | culate monthly income. Add line 7 + line 9. | 10. | \$ | 1,428.00 | + \$ | | N/A = \$ | 1,428.00 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | ., | - | | | 1,12000 |
| 11. | Incl othe Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify: | depe | | , , | | • | Schedule J. | 0.00 |
| 12. | | If the amount in the last column of line 10 to the amount in line 11. The resident that amount on the Summary of Schedules and Statistical Summary of Certain lies | | | | | | 12. \$ Combi i | 1,428.00 |
| | _ | | _ | | | | | | y income |
| 13. | Do ■ □ | you expect an increase or decrease within the year after you file this form No. Yes. Explain: | ? | | | | | | |

Case 17-36563 Doc 1 Filed 12/09/17 Entered 12/09/17 09:47:21 Desc Main Document Page 31 of 51

| Fill | in this information to identify your case | : | | | | |
|-------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------|--------------|-------------------------------------|-------------------------------|
| Deb | otor 1 Rosa Chavez | | | Che | ck if this is: | |
| Deb | otor 2 | | | | An amended filing A supplement show | ving postpetition chapter |
| (Spc | ouse, if filing) | | | _ | 13 expenses as of | the following date: |
| Unite | ted States Bankruptcy Court for the: NOR | THERN DISTRICT OF ILLIN | OIS | | MM / DD / YYYY | |
| | se number nown) | | | | | |
| Of | fficial Form 106J | | | | | |
| Sc | chedule J: Your Expe | enses | | | | 12/15 |
| Be a | as complete and accurate as possik ormation. If more space is needed, a mber (if known). Answer every ques | le. If two married people ar | | | | |
| Part | t 1: Describe Your Household Is this a joint case? | | | | | |
| | ■ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a sep | arate household? | | | | |
| | ☐ No☐ Yes. Debtor 2 must file Of | ficial Form 106J-2, <i>Expense</i> s | for Separate House | ehold of Deb | otor 2. | |
| 2. | Do you have dependents? ■ No | | | | | |
| | Do not list Debtor 1 and Ye Debtor 2. | S. Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? |
| | Do not state the dependents names. | | | | | □ No |
| | dependents names. | | | | | □ Yes □ No |
| | | | | | | □ Yes |
| | | | | | | □ No |
| | | | | | | ☐ Yes ☐ No |
| | | | | | | ☐ Yes |
| 3. | Do your expenses include expenses of people other than yourself and your dependents? | ■ No □ Yes | | | | 33 |
| Esti exp | t 2: Estimate Your Ongoing Mon timate your expenses as of your ban benses as of a date after the bankrup plicable date. | kruptcy filing date unless y | | | | |
| the | lude expenses paid for with non-case value of such assistance and have ficial Form 106I.) | | | | Your exp | enses |
| 4. | The rental or home ownership exp payments and any rent for the groun | | nclude first mortgag | e 4. | \$ | 700.00 |
| | If not included in line 4: | | | | | |
| | 4a. Real estate taxes | | | 4a. | \$ | 0.00 |
| | 4b. Property, homeowner's, or ren | | | 4b. | · | 0.00 |
| | 4c. Home maintenance, repair, an | | | 4c. | | 50.00 |
| 5. | 4d. Homeowner's association or cAdditional mortgage payments for | | me equity loans | 4d. 5. | · | 0.00 0.00 |

Case 17-36563 Doc 1 Filed 12/09/17 Entered 12/09/17 09:47:21 Desc Main Document Page 32 of 51

| Debtor 1 | Rosa Ch | avez | Case num | ber (if known) | |
|---------------|--------------------------------|-----------------------------------------------------------------------------------------------------------|--------------|---------------------|-----------------------|
| 6. Uti | lities: | | | | |
| 6. 61. | | , heat, natural gas | 6a. | \$ | 95.00 |
| 6b. | - | wer, garbage collection | 6b. | | 0.00 |
| 6c. | | e, cell phone, Internet, satellite, and cable services | 6c. | · | 80.00 |
| 6d. | • | | 6d. | · | 0.00 |
| | | ekeeping supplies | 7. | | 285.00 |
| | | children's education costs | 8. | \$ | 0.00 |
| _ | | ry, and dry cleaning | 9. | \$ | 30.00 |
| | | oroducts and services | 10. | · · | |
| | • | | | · | 25.00 |
| | | ntal expenses | 11. | \$ | 50.00 |
| | not include c | Include gas, maintenance, bus or train fare. | 12. | \$ | 200.00 |
| | | clubs, recreation, newspapers, magazines, and books | 13. | · | 75.00 |
| | | ributions and religious donations | 14. | | 0.00 |
| | aritable com | indutions and religious donations | 14. | Ψ | 0.00 |
| | | surance deducted from your pay or included in lines 4 or 20. | | | |
| | a. Life insura | | 15a. | \$ | 0.00 |
| | o. Health ins | | 15b. | · | 0.00 |
| _ | c. Vehicle in | | 15c. | · | 0.00 |
| | | rance. Specify: | 15d. | | 0.00 |
| | | include taxes deducted from your pay or included in lines 4 or 20. | | Ψ | 0.00 |
| _ | ecify: | iolade taxes deducted from your pay or included in lines 4 or 20. | 16. | \$ | 0.00 |
| | | ease payments: | | · | |
| | | ents for Vehicle 1 | 17a. | \$ | 0.00 |
| | | ents for Vehicle 2 | 17b. | \$ | 0.00 |
| | c. Other. Spe | | 17c. | \$ | 0.00 |
| | d. Other. Sp | | 17d. | \$ | 0.00 |
| | | of alimony, maintenance, and support that you did not report as | | • | |
| | | your pay on line 5, Schedule I, Your Income (Official Form 106l). | | \$ | 0.00 |
| 9. Otl | her payments | s you make to support others who do not live with you. | | \$ | 0.00 |
| Sp | ecify: | | 19. | | |
| | | erty expenses not included in lines 4 or 5 of this form or on Scho | | | |
| 208 | a. Mortgages | s on other property | 20a. | \$ | 0.00 |
| 20l | Real estat | e taxes | 20b. | \$ | 0.00 |
| 200 | c. Property, | homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| 200 | d. Maintenar | nce, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| 20 | e. Homeown | er's association or condominium dues | 20e. | \$ | 0.00 |
| 1. Otl | her: Specify: | | 21. | +\$ | 0.00 |
| | | | | | |
| | • | monthly expenses | | | 4 =00 00 |
| | a. Add lines 4 | 9 | | \$ | 1,590.00 |
| | | 2 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| 220 | c. Add line 22 | a and 22b. The result is your monthly expenses. | | \$ | 1,590.00 |
| } Ca | lculate vour | monthly net income. | | | |
| | • | 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 1,428.00 |
| | | monthly expenses from line 22c above. | 23a. 23b. | | <u> </u> |
| 231 | o. Copy your | monuny expenses nomine 220 above. | ۷۵۵. | -ψ | 1,590.00 |
| 23/ | Subtract v | our monthly expenses from your monthly income. | | | |
| 200 | | is your monthly net income. | 23c. | \$ | -162.00 |
| | | • | | | |
| | | an increase or decrease in your expenses within the year after you | | | |
| | | ou expect to finish paying for your car loan within the year or do you expect you terms of your mortgage? | r mortgage p | payment to increase | or decrease because o |
| | | terms of your mortgage? | | | |
| | No. | <u></u> | | | |
| | Yes. | Explain here: | | | |

Case 17-36563 Doc 1 Filed 12/09/17 Entered 12/09/17 09:47:21 Desc Main Document Page 33 of 51

| Fill in this infor | mation to identify your | case: | | | |
|---------------------------------|--------------------------------------------------------|---------------------------|---------------------------|-----------------------------|-------------------------------------|
| Debtor 1 | Rosa Chavez | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| (Spouse II, IIIIIIg) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | r of Illinois | | |
| Case number | | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| | | | | | |
| o#: = | 4005 | | | | |
| Official For | m 106Dec | | | | |
| Declara | tion About a | an Individual | Debtor's S | chedules | 12/15 |
| | | | | | |
| If two married p | eople are filing togethe | r, both are equally respo | nsible for supplying c | orrect information. | |
| - | | | | | |
| | | | | | ement, concealing property, or |
| | y or property by fraud ii 18 U.S.C. §§ 152, 1341, 1 | | kruptcy case can resul | it in fines up to \$250,00 | 00, or imprisonment for up to 20 |
| years, or botti. | 10 0.5.6. 93 152, 1541, 1 | 1313, and 3371. | | | |
| | | | | | |
| Sig | n Below | | | | |
| - 3 | | | | | |
| Did you pa | ay or agree to pay some | one who is NOT an atto | rney to help you fill out | t bankruptcy forms? | |
| , . | , , , | | , ,, | . , | |
| ■ No | | | | | |
| ☐ Yes. | Name of person | | | | kruptcy Petition Preparer's Notice, |
| | | | | Declaration | , and Signature (Official Form 119) |
| | | | | | |
| Under nen: | alty of perjury. I declare | that I have read the sun | mary and schedules fi | iled with this declaration | on and |
| | re true and correct. | mac i mavo roda mo can | mary and concauted in | inou irriir tino doolarati. | on and |
| X /s/ Ro | sa Chavez | | X | | |
| Rosa | Chavez | | Signature | of Debtor 2 | |
| Signatu | re of Debtor 1 | | | | |

Date

Date December 9, 2017

Case 17-36563 Doc 1 Filed 12/09/17 Entered 12/09/17 09:47:21 Desc Main Document Page 34 of 51

| Fill | in this infor | mation to identify you | ır case: | | | | | | | | |
|---------------|---------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------|-------------------------------------------------------|--|--|--|--|--|
| Deb | otor 1 | Rosa Chavez | | | | | | | | | |
| L. | | First Name | Middle Name | Last Name | | | | | | | |
| | otor 2 use if, filing) | First Name | Middle Name | Last Name | | | | | | | |
| l last | tad Ctataa Da | and an analas a Carrent fam the a | NODTHEDN DISTRICT | | | | | | | | |
| Unii | ted States Ba | ankruptcy Court for the: | NORTHERN DISTRIC | I OF ILLINOIS | | | | | | | |
| Cas (if kn | se number own) | | | | | ☐ Check if this is an amended filing | | | | | |
| Of | ficial Fo | orm 107 | | | | | | | | | |
| Sta | atement | of Financial | Affairs for Indiv | iduals Filing for | Bankruptcy | 4/1 | | | | | |
| info | rmation. If nober (if know | nore space is needed n). Answer every que | | o this form. On the top of | | | | | | | |
| Par | t 1: Give | Details About Your M | arital Status and Where Y | ou Lived Before | | | | | | | |
| 1. | What is you | ır current marital stat | us? | | | | | | | | |
| | ☐ Married | 1 | | | | | | | | | |
| | ■ Not ma | _ | | | | | | | | | |
| 2. | During the last 3 years, have you lived anywhere other than where you live now? | | | | | | | | | | |
| | ■ No | | | | | | | | | | |
| | ☐ Yes. Li | st all of the places you | lived in the last 3 years. Do | not include where you live | now. | | | | | | |
| | Debtor 1 P | rior Address: | Dates Debtor lived there | 1 Debtor 2 Prior | r Address: | Dates Debtor 2 lived there | | | | | |
| | | | ver live with a spouse or lalifornia, Idaho, Louisiana, N | | | erritory? (Community property and Wisconsin.) | | | | | |
| | ■ No □ Yes. M | ake sure you fill out <i>Sc</i> | hedule H: Your Codebtors (| Official Form 106H). | | | | | | | |
| Par | t 2 Expla | in the Sources of You | ur Income | | | | | | | | |
| _ | D'.1 | | | Constant design | | | | | | | |
| 4. | Fill in the tot | al amount of income yo | mployment or from operation received from all jobs and a have income that you received. | d all businesses, including լ | part-time activities. | s calendar years? | | | | | |
| | ■ No □ Yes. Fi | Il in the details. | | | | | | | | | |
| | | | Debtor 1 | | Debtor 2 | | | | | | |
| | | | Sources of income Check all that apply. | Gross income (before deductions an exclusions) | Sources of income d Check all that apply. | Gross income (before deductions and exclusions) | | | | | |
| | | | | | | | | | | | |

Case 17-36563 Doc 1 Filed 12/09/17 Entered 12/09/17 09:47:21 Desc Main Document Page 35 of 51 Case number (if known)

| 5. | Include include and other | come regard public benef | lless of wheth fit payments; | ner that income is pensions; rental | s taxable. Example income; interest; d | rious calendar years? s of other income are a ividends; money collec- ceived together, list it | alimony; child supp cted from lawsuits; | royalties; and | curity, unemployment, I gambling and lottery |
|----|----------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------|
| | List each s | source and t | the gross inco | ome from each s | ource separately. D | Oo not include income | that you listed in lin | ie 4. | |
| | □ No | | | | | | | | |
| | Yes. | Fill in the de | etails. | | | | | | |
| | | | | Debtor 1 | | | Debtor 2 | | |
| | | | | Sources of inc | come Gr | oss income from | Sources of inc | ome | Gross income |
| | | | | Describe below | (be | ch source efore deductions and clusions) | Describe below | | (before deductions and exclusions) |
| | om January e date you f | | nt year until nkruptcy: | Social Secui Benefits | ity | \$17,136.00 | | | |
| | or last calen anuary 1 to | | 31, 2016) | Social Secui Benefits | ity | \$6,282.00 | | | |
| | or the calend anuary 1 to | | | Social Secur Benefits | rity | \$4,872.00 | | | |
| | □ No. ■ Yes. | individual puring the No. Yes | 90 days beform Go to line 7 List below expaid that crunot include to adjustment or Debtor 2 or 90 days beform Go to line 7 List below expaid to line 7 List below expanding attorney for go to line 7 | personal, family pre you filed for by the editor. Do not incompayments to an ton 4/01/19 and the polyments for both have priore you filed for by the editor to we ments for domest this bankruptcy | whom you paid a to every 3 years after marily consumer construction, did you whom you paid a to every 3 years after marily consumer consumer of the pankruptcy, did you whom you paid a to stic support obligati | pay any creditor a total of \$6,425* or more domestic support oblinkruptcy case. | al of \$6,425* or moder in one or more pay gations, such as chast or after the date of al of \$600 or more? | re? rments and th ild support ar f adjustment. you paid that Also, do not ir | e total amount you nd alimony. Also, do creditor. Do not |
| | Creditor | 3 Name and | u Auuless | Dai | es of payment | paid | still owe | was tills p | ayment for |
| 7. | Insiders in of which you a business alimony. | clude your r ou are an of s you operat | elatives; any ficer, director | general partners , person in contr roprietor. 11 U.S | s; relatives of any gol, or owner of 20% | | erships of which you | u are a gener ny managing a | al partner; corporations agent, including one for |
| | | Name and | | | es of payment | Total amount | Amount you | Reason for | this payment |
| | | | | | , , | paid | still owe | | , , |

| Deb | otor 1 | Rosa Chavez | Document | Page 36 of 51 | e number (if known) | | |
|-----|---------|-------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------------------------------|-------------------------|---------------------------------|--------------------------|
| | | | | | , | | |
| 8. | inside | n 1 year before you filed for bankrupter? le payments on debts guaranteed or cos | | ayments or transfer a | ny property on a | ccount of a deb | ot that benefited a |
| | | o paymomo on accio galamento di cos | .goa by an melaen | | | | |
| | _ | No | | | | | |
| | | Yes. List all payments to an insider | | | | | |
| | Insid | ler's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for the Include creditor | |
| Par | t 4: | Identify Legal Actions, Repossession | ns, and Foreclosures | | | | |
| 9. | List al | n 1 year before you filed for bankrupt I such matters, including personal injury ications, and contract disputes. | | | | | |
| | | No | | | | | |
| | | res. Fill in the details. | | | | | |
| | Case | e title e number | Nature of the case | Court or agency | | Status of the | case |
| | Citik | and Funding LLC successor to pank NA v. Rosa Chavez 1129294 | Contractual Default | In the Circuit C County 50 West Washi Chicago, IL | | | |
| 10. | | n 1 year before you filed for bankrupt and fill in the details below | | pperty repossessed, fo | oreclosed, garnis | hed, attached, | seized, or levied? |
| | _ | No. Go to line 11. | | | | | |
| | | Yes. Fill in the information below. | | | | | |
| | Cred | itor Name and Address | Describe the Propert | | Date | | Value of the property |
| | | | Explain what happer | ned | | | |
| 11. | accol | n 90 days before you filed for bankrup unts or refuse to make a payment bec | | | ancial institution | , set off any am | nounts from your |
| | _ | Yes. Fill in the details. | | | | | |
| | Cred | itor Name and Address | Describe the action t | the creditor took | Date taken | action was | Amoun |
| 12. | | n 1 year before you filed for bankrupt -appointed receiver, a custodian, or a | | pperty in the possessi | on of an assigne | e for the benefi | t of creditors, a |
| | | No | | | | | |
| | | ⁄es | | | | | |
| Par | t 5: | List Certain Gifts and Contributions | | | | | |
| 13. | Withi | n 2 years before you filed for bankrup | tcy, did you give any g | ifts with a total value | of more than \$60 | 0 per person? | |

■ No

per person

Address:

Describe the gifts

Value

 \square Yes. Fill in the details for each gift. Gifts with a total value of more than \$600

Person to Whom You Gave the Gift and

Dates you gave

the gifts

Case 17-36563 Doc 1 Filed 12/09/17 Entered 12/09/17 09:47:21 Desc Main Document Page 37 of 51 Case number (if known)

| 14. | Within 2 years before you filed for bankru | ptcy, d | id you give any gifts or contribution | ns with a total | value of more than | \$600 to any charity? | | | |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------|------------------------------------------|-------------------------|--|--|--|
| | ■ No | | | | | | | | |
| | Yes. Fill in the details for each gift or co | ntributio | on. | | | | | | |
| | Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | | Describe what you contributed | | Dates you contributed | Value | | | |
| Pari | t 6: List Certain Losses | | | | | | | | |
| | Within 1 year before you filed for bankrup or gambling? | tcy or s | since you filed for bankruptcy, did y | ou lose anyth | ning because of thef | t, fire, other disaster | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | how the loss occurred | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending | | | Date of your loss | Value of property lost | | | |
| | | | ce claims on line 33 of Schedule A/B: | | | | | | |
| Part | t 7: List Certain Payments or Transfers | | | | | | | | |
| | Within 1 year before you filed for bankrup consulted about seeking bankruptcy or p Include any attorneys, bankruptcy petition pr No Yes. Fill in the details. | reparin | g a bankruptcy petition? s, or credit counseling agencies for ser | vices required | in your bankruptcy. | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | | Description and value of any property transferred | | Date payment or transfer was made | Amount of payment | | | |
| | ALBERT E. XIQUES, P.C. 5045 North Harlem Avenue Chicago, IL 60656 | | Attorney Fees | | 9/17 | \$1,200.00 | | | |
| | Within 1 year before you filed for bankrup promised to help you deal with your credi Do not include any payment or transfer that y | itors or | to make payments to your creditor | | r transfer any prope | rty to anyone who | | | |
| | Yes. Fill in the details. | | | | | | | | |
| | Person Who Was Paid Address | | Description and value of any prop transferred | erty | Date payment or transfer was made | Amount of payment | | | |
| | Within 2 years before you filed for bankru transferred in the ordinary course of your Include both outright transfers and transfers include gifts and transfers that you have alre | busine made a | ess or financial affairs? s security (such as the granting of a s | | | | | | |
| | Yes. Fill in the details. | | | | | | | | |
| | Person Who Received Transfer Address | | Description and value of property transferred | | iny property or received or debts change | Date transfer was made | | | |
| | Person's relationship to you | | | | | | | | |

Entered 12/09/17 09:47:21 Desc Main Case 17-36563 Doc 1 Filed 12/09/17 Page 38 of 51
Case number (if known) Document

Debtor 1 **Rosa Chavez**

| 19. | Within 10 years before you filed for bankrupto beneficiary? (These are often called asset-prote- | | property to a se | elf-settled | d trust or similar device | of wh | nich you are a | | | |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------|------------------------------------------------------|----------|----------------------------------------------|--|--|--|
| | ■ No □ Yes. Fill in the details. | | | | | | | | | |
| | Name of trust | Description and va | alue of the prope | rty trans | ferred | Da | te Transfer was de | | | |
| Pa | art 8: List of Certain Financial Accounts, Insti | ruments. Safe Denosit | Boxes, and Stora | age Units | | | | | | |
| | <u> </u> | | • | | | | | | | |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associated to the cooperative of the cooperati | other financial accoun | ts; certificates of | | | • | , | | | |
| | ■ No | , | | | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | | | | |
| | | Last 4 digits of account number | Type of account instrument | t or | Date account was closed, sold, moved, or transferred | b | Last balance efore closing or transfer | | | |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables? | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, | | | | | | | | |
| | ■ No | | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acce Address (Number, State and ZIP Code) | | escribe t | the contents | | Do you still nave it? | | | |
| 22. | Have you stored property in a storage unit or | place other than your | homo within 1 vo | ar bofor | o you filed for bankrup | tov2 | | | | |
| ۷۷. | riave you stored property in a storage unit or | place other than your | nome within 1 ye | ai beioi | e you med for bankiup | icy: | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or he to it? Address (Number, State and ZIP Code) | | escribe t | the contents | | Do you still nave it? | | | |
| Pa | art 9: Identify Property You Hold or Control fo | or Someone Else | | | | | | | | |
| | | | _ | _ | | | | | | |
| 23. | Do you hold or control any property that som for someone. | eone else owns? Inclu | de any property y | you borr | owed from, are storing | for, o | r hold in trust | | | |
| | ■ No | | | | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prope (Number, Street, City, St Code) | | escribe t | the property | | Value | | | |
| Pa | art 10: Give Details About Environmental Infor | mation | | | | | | | | |
| For | r the purpose of Part 10, the following definition | ns apply: | | | | | | | | |
| | Environmental law means any federal, state, or toxic substances, wastes, or material into the regulations controlling the cleanup of these s | air, land, soil, surface | water, groundwa | | | | | | | |
| | Site means any location, facility, or property a to own, operate, or utilize it, including dispos | - | nvironmental law | , whethe | er you now own, opera | te, or t | utilize it or used | | | |
| | Hazardous material means anything an enviro | onmental law defines a | e a hazardoue w | asta haz | vardous substance to | ic sub | stance | | | |

hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Case 17-36563 Doc 1 Filed 12/09/17 Entered 12/09/17 09:47:21 Desc Main Page 39 of 51
Case number (if known) Document

Debtor 1 Rosa Chavez

| 24. | Has | any governmental unit notified you that | you may be liable or potentially liable | e un | der or in violation of an environm | ental law? | | |
|-----|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|------|------------------------------------|--------------------|--|--|
| | | Yes. Fill in the details. | | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | nd | Environmental law, if you know it | Date of notice | | |
| 25. | Hav | e you notified any governmental unit of | any release of hazardous material? | | | | | |
| | | No Yes. Fill in the details. | | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | nd | Environmental law, if you know it | Date of notice | | |
| 26. | Hav | e you been a party in any judicial or adn | ninistrative proceeding under any env | iron | mental law? Include settlements | and orders. | | |
| | | No Yes. Fill in the details. | | | | | | |
| | | se Title se Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Na | ature of the case | Status of the case | | |
| Par | t 11: | Give Details About Your Business or | Connections to Any Business | | | | | |
| 27. | Witl | nin 4 years before you filed for bankrupt | cy, did you own a business or have a | ny o | f the following connections to any | / business? | | |
| | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | |
| | ☐ A partner in a partnership | | | | | | | |
| | ☐ An officer, director, or managing executive of a corporation | | | | | | | |
| | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | | |
| | No. None of the above applies. Go to Part 12. | | | | | | | |
| | | Yes. Check all that apply above and fill | in the details below for each busines | s. | | | | |
| | | siness Name | Describe the nature of the business | | Employer Identification numbe | | | |
| | | Idress Imber, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed | | | | | | |
| 28. | | nin 2 years before you filed for bankrupt itutions, creditors, or other parties. | cy, did you give a financial statement | to a | nyone about your business? Inclu | ude all financial | | |
| | | No Yes. Fill in the details below. | | | | | | |
| | | me dress mber, Street, City, State and ZIP Code) | Date Issued | | | | | |
| | | | | | | | | |

Case 17-36563 Doc 1 Filed 12/09/17 Entered 12/09/17 09:47:21 Desc Main Document

Page 40 of 51 Case number (if known) Debtor 1 Rosa Chavez

Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Rosa Chavez Signature of Debtor 2 Rosa Chavez Signature of Debtor 1 Date December 9, 2017 **Date**

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

■ No ☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

■ No

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Case 17-36563 Doc 1 Filed 12/09/17 Entered 12/09/17 09:47:21 Desc Mair Document Page 41 of 51

| Debtor 1 | Rosa Chavez | | | |
|--------------------|--------------------------|-------------------|-------------|--------------------------------------|
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| Spouse if, filing) | First Name | Middle Name | Last Name | |
| Jnited States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| ase number | | | | |
| if known) | | | | ☐ Check if this is ar amended filing |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
|-----------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------|
| Creditor's | ☐ Surrender the property. | □ No |
| name: | ☐ Retain the property and redeem it. | <u>_</u> |
| Description of | ☐ Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property | ☐ Retain the property and [explain]: | |
| securing debt: | | |
| Creditor's | ☐ Surrender the property. | □ No |
| name: | ☐ Retain the property and redeem it. | |
| Description of | Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property | ☐ Retain the property and [explain]: | |
| securing debt: | | |
| Creditor's | ☐ Surrender the property. | □ No |
| name: | ☐ Retain the property and redeem it. | |
| Description of | Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property | ☐ Retain the property and [explain]: | |
| securing debt: | | |
| Creditor's | ☐ Surrender the property. | □No |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

Case 17-36563 Doc 1 Filed 12/09/17 Entered 12/09/17 09:47:21 Desc Main Document Page 42 of 51

| Debtor 1 | Rosa Chavez | Case number (if known) | |
|---------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| name: Descrip | | ☐ Retain the property and redeem it. ☐ Retain the property and enter into a Reaffirmation Agreement. ☐ Retain the property and [avalage]: | ☐ Yes |
| securin | • | ☐ Retain the property and [explain]: | - |
| For any ur in the info | rmation below. Do not list real esta | perty Leases nat you listed in Schedule G: Executory Contracts and Unexpired te leases. Unexpired leases are leases that are still in effect; the perty lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2 | lease period has not yet ended. |
| Describe | your unexpired personal property | leases | Will the lease be assumed? |
| Lessor's n Descriptio Property: | name: n of leased | | □ No □ Yes |
| Lessor's n Descriptio Property: | name: n of leased | | □ No |
| Lessor's n Descriptio Property: | name: on of leased | | □ No □ Yes |
| Lessor's n Descriptio Property: | name: on of leased | | □ No □ Yes |
| Lessor's n Descriptio Property: | name: nn of leased | | □ No □ Yes |
| Lessor's n Descriptio Property: | name: nn of leased | | □ No □ Yes |
| Lessor's n Descriptio Property: | name: on of leased | | □ No □ Yes |
| Under pen | Sign Below | indicated my intention about any property of my estate that sec | |
| X /s/ R | hat is subject to an unexpired lease Rosa Chavez a Chavez ature of Debtor 1 | X Signature of Debtor 2 | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation | |
|------------|--------------------|--|
| \$245 | filing fee | |
| \$75 | administrative fee | |
| + \$15 | trustee surcharge | |
| \$335 | total fee | |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-36563 Doc 1 Filed 12/09/17 Entered 12/09/17 09:47:21 Desc Main Document Page 47 of 51

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

| In re | Rosa Chavez | | Case No |). | |
|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------|--------------|
| | | Debtor(s) | Chapter | 7 | |
| | DISCLOSURE OF COMI | PENSATION OF ATTO | RNEY FOR I | DEBTOR(S) | |
| (| Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2 compensation paid to me within one year before the be rendered on behalf of the debtor(s) in contemplat | filing of the petition in bankruptcy | , or agreed to be pa | id to me, for services ren | dered or to |
| | For legal services, I have agreed to accept | | \$ | 1,200.00 | |
| | Prior to the filing of this statement I have receive | ved | \$ | 1,200.00 | |
| | Balance Due | | \$ | 0.00 | |
| 2. 7 | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 3. | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. | ■ I have not agreed to share the above-disclosed c | ompensation with any other person | unless they are me | mbers and associates of | my law firm. |
| | ☐ I have agreed to share the above-disclosed comp copy of the agreement, together with a list of the | | | | w firm. A |
| 5. | In return for the above-disclosed fee, I have agreed | to render legal service for all aspec | ts of the bankruptc | y case, including: | |
| l (| a. Analysis of the debtor's financial situation, and r b. Preparation and filing of any petition, schedules, c. Representation of the debtor at the meeting of cr d. Representation of the debtor in adversary procee e. [Other provisions as needed] Negotiations with secured creditors reaffirmation agreements and applic 522(f)(2)(A) for avoidance of liens on | statement of affairs and plan whicl editors and confirmation hearing, a dings and other contested bankrupt to reduce to market value; ex- ations as needed; preparation | n may be required; nd any adjourned h cy matters; emption plannin | earings thereof; g; preparation and fil | ling of |
| 6. l | By agreement with the debtor(s), the above-disclose Representation of the debtors in any any other adversary proceeding. | d fee does not include the following | g service: icial lien avoida | nces, relief from stay | actions or |
| | | CERTIFICATION | | | |
| | I certify that the foregoing is a complete statement of bankruptcy proceeding. | of any agreement or arrangement for | r payment to me fo | r representation of the de | btor(s) in |
| D | ecember 9, 2017 | /s/ Albert E. Xiqu | es | | |
| | Date | Albert E. Xiques | | | |
| | | Signature of Attorn ALBERT E. XIQU | ey IFS. P.C | | |
| | | 5045 North Harle | | | |
| | | Chicago, IL 6065 | 6 | | |
| | | Name of law firm | | | |

United States Bankruptcy Court Northern District of Illinois

| In re | Rosa Chavez | | Case No. | |
|-------|--------------------------------------------|-------------------------------------------------|--------------------------------|---------------|
| | | Debtor(s) | Chapter 7 | |
| | VE | CRIFICATION OF CREDITOR N | MATRIX | |
| | | Number o | f Creditors: | 22 |
| | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of cred | itors is true and correct to t | he best of my |
| Date: | December 9, 2017 | /s/ Rosa Chavez Rosa Chavez Signature of Debtor | | |

Cap1/vlcty
Capital One Retail Srvs/Attn: Bankruptcy
Po Box 30258
Salt Lake City, UT 84130

Capital One / Carson Attn: General Correspondence/Bankruptcy Po Box 30285 Salt Lake City, UT 84130

CCI/Contract Callers Inc Po Box 3000 Augusta, GA 30903

Chase Card Services Correspondence Dept Po Box 15278 Wilmington, DE 19850

Comenity Bank/Express Attn: Bankruptcy Po Box 182125 Columbus, OH 43218

Comenitybank/New York AttN: Bankruptcy Po Box 182125 Columbus, OH 43218

Ford Motor Credit National Bankruptcy Service Center Po Box 62180 Colorado Springs, CO 80962

Kohls/Capital One Kohls Credit Po Box 3043 Milwaukee, WI 53201

Midland Funding Attn: Bankruptcy Po Box 939069 San Diego, CA 92193 Midland Funding Attn: Bankruptcy Po Box 939069 San Diego, CA 92193

Midland Funding Attn: Bankruptcy Po Box 939069 San Diego, CA 92193

Midland Funding c/o Tony Miller Kevin Mortell 1821 Walden Office Square Ste 400 Schaumburg, IL 60173

Peoples Gas Attn: Bankruptcy 200 E Randolph Chicago, IL 60601

Portfolio Recovery Po Box 41067 Norfolk, VA 23541

Portfolio Recovery Po Box 41067 Norfolk, VA 23541

Synchrony Bank / HH Gregg Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/ Old Navy Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/Sams Attn: Bankruptcy Po Box 965060 Orlando, FL 32896 Synchrony Bank/Sams Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/Walmart Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Target C/O Financial & Retail Srvs Mailstopn BT POB 9475 Minneapolis, MN 55440

Tnb-Visa (TV) / Target C/O Financial & Retail Services Mailstop BV PO Box 9475 Minneapolis, MN 55440